

VAN SCHAICK (G. G.)

Insomnia in Surgery, and its Treatment.

✓
BY

GEORGE G. VAN SCHAICK, M. D.,

Attending Surgeon to ~~the~~ French Hospital and to St. Vincent
de Paul Orphan Asylum.

REPRINTED FROM THE
New York Medical Journal
for March 2, 1895.



*Reprinted from the New York Medical Journal
for March 2, 1895.*



INSOMNIA IN SURGERY, AND ITS TREATMENT.

BY GEORGE G. VAN SCHAICK, M. D.,

ATTENDING SURGEON TO ~~THE~~ FRENCH HOSPITAL AND TO
ST. VINCENT DE PAUL ORPHAN ASYLUM.

IN the practice of general surgery we are constantly called upon to relieve insomnia due to a variety of causes that may be roughly classified as follows :

1. Nervousness due to fear of operation.
2. Depreciated nervous conditions due to exhausting diseases and to pain.
3. Post-operative nervous influences.
4. The influence of certain special surgical diseases.
5. Complicating pathological nervous disorders.

It were easy enough to extend this list or to alter it in many ways, yet it will serve our purpose, since practically all forms of insomnia observed in the practice of surgery will be found to bear an ætiological relation to one or more of these causes.

It may at first sight appear trivial to insist upon the insomnia due to fear of operative interference. We have all observed it, nay, we all expect it in a certain proportion of our patients. But the question is whether we pay enough

attention to it, and whether we realize that efforts made to relieve it are rewarded by better results.

The nervousness and fear experienced by many patients after learning that an operation is necessary is often a source of truly cruel suffering, to which men are, as a rule, quite as subject as women. The surgeon who merely tells his patient that an operation is imperative, that it is to be performed at a certain time, and who, after a few words of encouragement, departs without a thought about the nervous condition of the patient, often fails in what is his chief mission—the prevention of suffering.

If about to be operated on within a day or two, the patient, if of a nervous and fretful disposition, will lie awake most of the night thinking about operations, pain, and death, evolving grewsome horrors from his sensitive mind, listening to the beating of his heart, suddenly become perfectly audible, and wishing at times for a speedy death to relieve at once the terrors that are so greatly magnified in the stillness of the night.

In the morning, of course, his general condition is worse than on the previous day; he will take the anæsthetic badly, and sometimes, after the operation, will suffer from shock in a manner entirely unexpected by the surgeon. Nor is this picture an exaggerated one, as all surgeons of experience will testify.

Such a state of things is unnecessary, and hence inexcusable. The patient should have been made to sleep. Watch the effect of your decision upon him. If the pulse becomes more rapid, if the face flushes, if he looks frankly scared, or if he merely assumes a dogged appearance, looking fixedly upon one point, wrinkling his brow, clenching one or both fists, the probabilities are great that his sleep will have to be eked out with a hypnotic. Other patients will endeavor to conceal their fear and nervousness, yet

this is commonly easy enough to detect. The intensity of these feelings is often shown by the statements so generally made after operations, that "it was not half so bad as I expected," that they "felt nothing at all."

Fear of operation in pre anæsthetic days has actually caused death. This fear is naturally no longer experienced in the degree observed a few generations ago, yet it is an important factor in some cases, and hence demands treatment.

Where pain is not the principal factor I know of no better hypnotic for this purpose than trional, to which I give the preference on account of its comparatively rapid action, of its lack of after-effects, and of the deep and restful sleep it induces. I am in the habit of ordering a fifteen-grain dose, to be repeated if necessary by another one within an hour. The patients awake refreshed, are apt to be more hopeful, and are in every respect better subjects for operation than those who have been allowed to spend the night in demoralizing wakefulness.

In cases of long-continued exhaustion and pain, as in suppurative and other diseases, the surgeon always attempts, if time allows, to improve the general condition of the patient before resorting to an operation. In such cases there often exists a severe degree of insomnia, and trional will often have the happiest effects. Chloral, while it is probably the most effective drug known for producing sleep, is a depressant of the heart, and must therefore be avoided in all chronic diseases which have caused general exhaustion. In some conditions constant pain is apt to lead one to think that nothing but morphine will serve to induce sleep. This is an error in many cases. Pain, long continued, becomes a habit to a certain extent, and many patients are able to eliminate it, as it were, from the causes that produce insomnia if their restlessness and nervousness

can be quieted. The writer, while suffering intensely from a dissection wound, was readily made to sleep with thirty grains of trional, notwithstanding the throbbing pain left after deep incision of the phlegmon. Hence, while trional has no direct influence upon the relief of pain, it will often prove useful in inducing sleep.

The third class of causes which I have mentioned—namely, post operative nervous influences—is an important one. For the relief of pain after operation, morphine subcutaneously is undoubtedly frequently indicated, but there are many instances in which pain is not a very important factor in post operative nervousness and agitation. There is at times a semi-hysterical condition, a restlessness and jactitation that are quite detrimental to the patient, and which occasionally would seem to represent a state of relaxation occurring in nerves that have been highly strung by fear, suffering, and the many other mental and bodily influences that the patient has been submitted to. This condition, occurring without serious evidence of shock, is often happily relieved by trional in moderate doses. Its use causes no depression of vitality, and, when given after the period of nausea has ceased, brings about a pleasant sleep that is highly beneficial to the patient.

The influence of certain special surgical conditions is one that is well recognized. It is probably best marked in the genito urinary diseases of men. The insomnia, restlessness, and jactitation so frequently observed after urethrotomies, whether internal or external, are often decidedly amenable to the influence of the milder hypnotics, among which I give trional the preference. I have administered this drug in at least three cases of external urethrotomy, and in a number of internal urethrotomies. It should be remembered that there is no operative procedure upon the urethra, however mild, including the mere passage

of metallic sounds, that may not, in some individuals, be followed by severe nervous manifestations. And these manifestations are frequently quite independent of so-called urethral fever. In the case of a comparatively trivial urethral operation it matters not very much whether the patient has one sleepless night, as far as the ultimate result is concerned, but he will be very apt to have a good opinion of a surgeon who gives him a good night's sleep. In the more serious operations upon the urethra or the bladder I commonly operate in the morning, giving half an hour before the anæsthesia a hypodermic of morphine. This keeps the patient comparatively free from pain during the day, at the close of which I order twenty to thirty grains of trional. The probabilities are strong that the patient will sleep reasonably well, and that thereafter morphine will no longer be needed. If, on the other hand—and this is true of every operation—we give morphine after a procedure involving any degree, however slight, of after-pain, the patient will be sure to insist upon it on succeeding nights.

This nervous condition is often present after operations for piles, and may at times be seen as severely marked after the mere snipping off of a small hæmorrhoid as after a Whitehead operation.

Abdominal sections, in which thirst is so apt to complicate the other nervous disturbances, are also very frequently followed by insomnia of a more or less severe type. In two instances trional by the rectum has, in my hands, proved quite successful. The stomach is so weak, and we are so anxious to avoid vomiting in such cases, that the rectal method of administration is by far the best.

The insomnia caused by pain and muscular contractions, together with unwonted immobilization in the treatment of fractures, is very amenable to the good effects of

trional. Here I may mention the case of a sailor admitted to the French Hospital on November 20, 1894. He had fallen astride an iron stanchion during a storm at sea. There was a fracture of the right thigh, partial rupture of the urethra, infiltration of urine, and a large hæmatoma of the right ischio-rectal region. Under anæsthesia the blood clots were turned out, the urethra catheterized, and the fracture dressed. A full dose of trional procured a good night's sleep, and the patient is now doing very well.

In cancers and bone diseases the patients frequently get into a condition of chronic insomnia, which, in my hands, has in a number of cases been greatly relieved by trional.

The pathological nervous conditions which complicate surgical disorders and are apt to cause insomnia are of frequent occurrence. Alcoholism, generally to the degree of delirium tremens, and hysteria, seen in many forms, and whose influence is so marked in so-called hysterical joints, causing marked degrees of hyperæsthesia, are both very common. Insomnia may be due to arterio-sclerosis in the class of cases in which intracranial headaches are frequent. It may also be due to insanity, to tabes and other diseases of the cord, and to the abuse of narcotics. In all such cases, when an operation is needed for some complicating condition, some hypnotic is absolutely necessary. We have the testimony of Dr. Russell Bellamy (*New York Medical Journal*, July 21, 1894) as to the good effects of trional in delirium tremens. It has not been my fortune to have recently met with any such cases, but I may be allowed to report one instance, of which I propose to publish a more detailed account, in which alcoholism was a prominent factor. Mrs. L. D., aged thirty-five years, was placed under my care through the courtesy of Dr. J. M. Ferrer, of the attending staff of the French Hospital, for trephining and removal of a large portion of the frontal bone, necessitated by a depressed

fracture of the frontal of six years' standing, complicated by extensive necrosis. The patient was an opium eater, and was also addicted to the use of alcohol in large quantities. The operation, though quite extensive and prolonged, was well borne by the patient, who, however, in a few days became nearly maniacal, insulting the attendants and nurses and being somewhat pugnacious. Morphine had to be given for a few days, but was soon replaced by trional. The operation succeeded very well in relieving an intense headache localized over the forehead. In her case the trional appears to have replaced the morphine quite satisfactorily, the opium habit seems to have disappeared, and the patient, who prior to the operation had spent her time either in a state of opium narcosis or in howling with pain and excitement, is now a very quiet and comfortable woman. Her mode of life and her inability to obtain proper treatment at home or in an institution, owing to poverty, lead me to believe that she will soon resume the morphine habit.

I may therefore briefly conclude by stating:

1. That insomnia, from whatever cause, is an important complication of surgical disorders.

2. Its relief is necessary to the comfort of the patients, improves the prognosis and materially assists recovery after operations.

3. Where pain is the chief factor, morphine is the only drug that will relieve with certainty.

4. There are many surgical disorders in which insomnia may be relieved by trional; and, finally—

5. Trional is an excellent drug for the purpose, as it acts rapidly and safely, has no inhibitory action upon the secretions, seems to possess a stimulating effect, is well borne by the stomach, is easily absorbed by the rectum, and fails to produce unpleasant after-effects.

The New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

THE PHYSICIAN who would keep abreast with the advances in medical science must read a *live* weekly medical journal, in which scientific facts are presented in a clear manner; one for which the articles are written by men of learning, and by those who are good and accurate observers; a journal that is stripped of every feature irrelevant to medical science, and gives evidence of being carefully and conscientiously edited; one that bears upon every page the stamp of desire to elevate the standard of the profession of medicine. Such a journal fulfills its mission—that of educator—to the highest degree, for not only does it inform its readers of all that is new in theory and practice, but, by means of its correct editing, instructs them in the very important yet much-neglected art of expressing their thoughts and ideas in a clear and correct manner. Too much stress can not be laid upon this feature, so utterly ignored by the “average” medical periodical.

Without making invidious comparisons, it can be truthfully stated that no medical journal in this country occupies the place, in these particulars, that is held by THE NEW YORK MEDICAL JOURNAL. No other journal is edited with the care that is bestowed on this; none contains articles of such high scientific value, coming as they do from the pens of the brightest and most learned medical men of America. A glance at the list of contributors to any volume, or an examination of any issue of the JOURNAL, will attest the truth of these statements. It is a journal for the masses of the profession, for the country as well as for the city practitioner; it covers the entire range of medicine and surgery. A very important feature of the JOURNAL is the number and character of its illustrations, which are unequaled by those of any other journal in the world. They appear in frequent issues, whenever called for by the article which they accompany, and no expense is spared to make them of superior excellence.

Subscription price, \$5.00 per annum. Volumes begin in January and July.

PUBLISHED BY

D. APPLETON & CO., 72 Fifth Avenue, New York.

